2009 Calendar Year



RECEIVED APR 1 2 2010 Maine Ethics Commission

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Maine Ethics Commission by 5:00 p.m. on April 16, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

EMPLOYEE INFORMATION							
Department/Agency/Bureau/Division Mailing Address, City, ZIP	CAUSIAN Work	PHONE 3811					
SH5 104 A	vgusta OYJ	P33					
	E DERIVED FROM EMPLOYMENT BY						
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.							
None		$T^{(1)} = T^{(1)} = T^{($					
Name of Employer	Address	Principal Type of Economic Activity of Employer					
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	517	Ron ESTATE					
PART 2. INCOME DER	RIVED FROM SELF-EMPLOYMENT OR I	LAW PRACTICE					
A. List the name and address of your business or law firm, if any, and list the major areas of economic activity or practice from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity or practice of that entity.							
None	ŧ	and the second s					
Name and Address of Business Entity or Law	Firm Major Areas of Economic Activi Practice (self)	Major Areas of Economic Activity/ ty/ Practice (partnership, association, firm or similar business entity)					
Name: SELF - ROWN Address:	Ken Estate						
Name: Address:	·						

	PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOY	YMENT
whiche form of	each source of income derived from self-employment or practice that represents more than 1 ver is greater, and specify the principal type of economic activity of the entity or person from who disclosure is prohibited by law, rule, or an established code of professional ethics, specify of the entity or person from whom the income was derived.	nom you derived such income. If this
	Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		
Address:		
Name:		$ _{L^{2}(\mathbb{R}^{2})} \leq _{L^{2}(\mathbb{R}^{2})} + _{L^{2}(\mathbb{R}^{2})} + _{L^{2}(\mathbb{R}^{2})} + _{L^{2}(\mathbb{R}^{2})} + _{L^{2}(\mathbb{R}^{2})} + _{L^{2}(\mathbb{R}^{2})} + _{L^{2}(\mathbb{R}^{2})} + _{L^{2}(\mathbb{R}^{2})} + $
Address:		1 1 1
	PART 3. OTHER SOURCES OF INCOME	
List eac	ch source of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 of this form. Do not include gifts	or honoraria. If none, check the
₩ No	ne	
	Name and Address of Source	Kind of Income (investments, leases, etc.)
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Name:		And the state of t
Address:		
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Name: Address:		
	PART 4. REPORTABLE LIABILITIES	
areas o	names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the of economic activity of each creditor. Do not list credit card liabilities, or educational loans, lost campaign contributions, or business loans from regulated financial institutions. If none, check	ans from a relative, loans that were
No	ne	A Periodes storten syrials and management and easiers syrial and easiers are easiers and easiers and easiers and easiers are easiers and easiers are easiers and easiers and e
	Name and Address of Creditor	Principal Type of Economic Activity of Creditor
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Address:		
Name:		дей канан с с основнит на сего на инината на населения и посу производит посмерующиму запрад продостранеро сер
Address:		i
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	PART 5. REPORTABLE GIFTS	
List the	especific source of gifts received during the reporting period with an aggregate value of more that	an \$300. If none, check the box.
No.		Ju i
	Name of Source of Gift Name of 3.	Source of Gift
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2.	4.	

	PART 6	. REPORTABLE HON	ORARIA	
List the source of any	y honoraria accepted for appearance	es or speeches related to	your official capacity or d	uties. If none, check the box.
☑ None				
N.	ame of Source of Honoraria	pagging the primates is primately to primate pagging and a primate for the pagging and the pagging of pagging and a pagging and	Name of Source	of Honoraria
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	PART 7. REPRES	SENTATION BEFORE :	STATE AGENCIES	
List each executive compensation of any none, check the box.	branch agency before which you amount other than your official sa	u or a member of your alary. Indicate whether yo	immediate family repro ou or a family member a	esented or assisted others appeared before the agency.
☑ None				
to oppositive transport of the management of the management of the second of the secon	Name of Agency		Name of A	gency
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2.		4.	IIAIIIAA III.IIIINIINAANAN IIOOONA Irooonaliinaa ay proepytyy ahaa yahaay ii yahaa iii.	ARAIIIIAARAA LAMAA (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984)
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		JSINESS WITH STATE		
List each executive o	oranch agency to which you or a moorting period. Indicate whether you	ember of your immediate	family sold goods or services. If	vices with a value in excess
None	CINIMADA A MARINA MARIN	PARTITION AND AND AND AND AND AND AND AND AND AN	menovani von tata menovani me	HORIE, CHOCK THE DOM.
None Comments	Name of Agency	Charles () Charle	Name of A	nanov
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6.		**•		
	PART 9. INCOME RECE	EIVED BY MEMBERS (OF IMMEDIATE FAMI	Ý
List the type of econo	omic activity representing each sour	rce of income of \$1,000 c	or more received by your	spouse or domestic partner
dependent child(ren) or more of income, lis	during the reporting period and the this or her name and job title. List of	kind of income represent	ted. If your spouse or do	mestic partner received \$1.0
not include gifts.	rang wang wan was war garang rang mana kata na 2020 na	l tem almentia erphysione acqueer (epame proprincipal popular section) in the contract of the	Natificadahkatan namana matang panga ngan-an-an-an-an-an-an-an-an-an-an-an-an-a	was a second of the second of
Name of Spouse	or Domestic Partner and Job Title	Type of Econ Representing Se		Kind of Income
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Name: Job Title:		2.	2.	
Job Title:	Child/ren) - Joh Villes Only	2.	2.	
Job Title:	Child(ren) - Job Titles Only	2.	2.	
Job Title:	Child(ren) - Job Titles Only	2.	2.	
Job Title: Dependent	Child(ren) - Job Titles Only	2.	2.	
Job Title: Dependent Job Title:	Child(ren) - Job Titles Only	2.	2.	

PART 10. OF	FICER OR DIRECTO	R POSITIONS		
List any for-profit or nonprofit corporation, firm, association held any office, trusteeship, directorship, or position of any tion was compensated. If a family member listed, indicate	nature. Indicate whether	er you or a family held	d the position and wh	liate family ether the posi-
None				
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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		-		
	Anamori z za na	And the state of t		
	SIGNATURE			
Leffirm that the contents of this report are true, completely signature		e best of my knowl	edge. Serie	
Subscribed and sworn (affirmed) to before me this	30 day of <u>[//)</u>	aach. Has	20 <u>/()</u> .	
My commission expires /0-22-20/ (Seal is optional) (Date)		NOTAR MA	COLLINS Y PUBLIC YNE EXPIRES 10/22/2015	
ADDI	ITIONAL INFORMATI	ON		
Please provide any additional information below (and the information you are providing. Use additional page	d on additional sheets ges, if necessary.	if needed). Indica	te the part or section	n number for
Part/Section Number				net att att att att att att att att att a
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